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Overview

This bill allows federally qualified health centers (FQHCs) and rural health clinics a choice of reimbursement methodology for services provided to persons eligible for both Medical Assistance (MA) and Medicare (dual eligible). The bill also appropriates money to the commissioner of health to provide subsidies to FQHCs.

Section

- 1** **Payment for Part B Medicare crossover claims.** Amends § 256B.0625, subd. 57. Allows a FQHC or rural health clinic to elect to be paid, for services provided on or after January 1, 2018, to persons eligible for both MA and Medicare, according to the MA payment method used for Medicare cost-sharing (under which MA payment for Medicare cost-sharing cannot result in total payment being higher than the MA allowed amount) or the payment method described in subdivision 30 (under which a center or clinic is reimbursed under a prospective payment system or an alternative payment system).
- 2** **Appropriation.** Appropriates \$2 million in FY 2017 and \$2 million in FY 2018 from the general fund to the commissioner of health, to distribute as subsidies to FQHCs. Provides an immediate effective date.